2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # L82926

1. Entity Name
ADVANCED REGISTERED NURSE PRACTITIONER
THERAPEUTIC HEALTH SERVICES, INC.

Principal Place of Business	Mailing Address
5093 ELCLARO DR E WEST PALM BEACH, FL 33415	5093 ELCLARO DR E WEST PALM BEACH, FL 33415

DO NOT WRITE IN THIS SPACE

03312006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0353086
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FRIEND, KATHLEEN A.
5093 EL CLARO DR E
WEST PALM BEACH, FL 33415

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000545588
05/11/06-80083-007 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	FRIEND, KATHLEEN A
STREET ADDRESS	5093 EL CLARO DR E
CITY-ST-ZIP	WEST PALM BEACH, FL 33415
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kathleen A. Friend (President) 4-27-2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #